

# LEGAL ASSISTANCE INFORMATION BOOKLET

## PRIVACY ACT STATEMENT (5 USC 552a)

**AUTHORITY:** Title 10 USC, Section 3012.

**PRINCIPAL PURPOSE:** To assist the attorney with the preparation of legal documents for the client.

**ROUTINE USE(S):** To provide basic information necessary in preparation of such documents. When completed the originals will be given to the individual.

**MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:**  
Disclosure is voluntary. Without the information the requested documents cannot be prepared.

- INSTRUCTIONS:**
1. Print or write, whichever is most readable, the information requested.
  2. Read the special conditions paragraphs carefully and check any that pertain to you.
  3. Check spelling of all names.

## Personal Information

Your Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Your Residence: \_\_\_\_\_  
(City) (State)

Your Unit: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

## Will Worksheet

Check Box  
yes or no

**Special Conditions**  
(Answer each, yes or no)

yes no Are you a resident of a state other than South Dakota.

   Do you have a child or children who were not born of your present marriage. If so:

   Do you have custody of that child or those children.

   Do you have a stepchild or stepchildren. If so:

   Do you wish to treat the stepchild(ren) the same as your own.

   Do you wish to disinherit a child or a member of your immediate family (father, mother, brother, sister).

If so, whom: \_\_\_\_\_

## Beneficiaries

Check the appropriate blocks or fill in the information required.

### Primary:

Check Box  
For All

The primary beneficiary or beneficiaries are those who will receive your estate upon your death provided only that they are then alive. The most common primary beneficiary is your spouse.

\_\_\_ My spouse. My spouse's name is \_\_\_\_\_.

\_\_\_ I want the following person or persons to be my primary beneficiary(ies). (These beneficiaries will share equally unless you indicate otherwise. Name stepchildren if you include them.)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I want to divide my primary gift between my spouse and my minor children in the following percentages:

\_\_\_\_\_ % to spouse \_\_\_\_\_ % to be divided among children

### Secondary:

Check Box  
For All

The secondary beneficiary or beneficiaries will receive your estate if the primary beneficiary is not alive when you die. Married persons most commonly name their children as the secondary beneficiaries.

\_\_\_ I want my children to be my secondary beneficiaries (name stepchildren).

\_\_\_ I want the following person or persons to be my secondary beneficiary(ies). (These persons will share equally unless you designate otherwise).

\_\_\_ my surviving brothers and sisters;

\_\_\_ my parents (or survivor of them);

\_\_\_ my mother, named \_\_\_\_\_;

\_\_\_ my father, named \_\_\_\_\_;

\_\_\_ my parents and my parents-in-law, in equal shares;  
\_\_\_\_\_  
\_\_\_\_\_

### Tertiary:

Check Box  
For All

Tertiary beneficiaries will receive your estate if all primary and secondary beneficiaries have died before you.

\_\_\_ my surviving brothers and sisters;

\_\_\_ my parents (or survivor of them);

\_\_\_ my mother, named \_\_\_\_\_;

\_\_\_ my father, named \_\_\_\_\_;

\_\_\_ my parents and my parents-in-law, in equal shares;  
\_\_\_\_\_  
\_\_\_\_\_

### Executors

Executors are the persons who will manage your estate, deal with attorneys, pay the bills, etc. The first choice is commonly your spouse. The alternate executor will take over if the primary is dead or unable to serve.

Primary:

Name \_\_\_\_\_ Address (City and State only) \_\_\_\_\_

Secondary:

Name \_\_\_\_\_ Address (City and State only) \_\_\_\_\_

### Guardian

The guardian will raise any minor children and manage the property of the children if both parents are dead. Do not name husband and wife teams.

Name \_\_\_\_\_ Address (City and State only) \_\_\_\_\_

### Trustee

The Trustee is the person or organization who will manage the financial estate left to minor children.

Name \_\_\_\_\_ Address (City and State only) \_\_\_\_\_

Electronic Signature  
Signature

Drop down Box  
Date

### Health Care Worksheet

1. 1st Person to act for you: (normally your spouse): \_\_\_\_\_

Hometown \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

2. 2d Agent to act for you (friend or relative) \_\_\_\_\_

Hometown \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

3. 3d Agent to act for you (friend or relative) \_\_\_\_\_

Hometown \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Do you wish to allow organ donations? \_\_\_\_\_ YES \_\_\_\_\_ NO

Electronic Signature  
Signature

Drop Down Box  
Date